

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 10511 163

## 1. PLACE OF DEATH:

County Garrett  
 City or town Bloomington  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 months  
 Hospital, institution, or street address where death occurred:  
2 miles west of Bloomington  
 How long in hospital or institution? - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State West Virginia County Grant  
 City or town Maysville rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Jordans Run Section  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

STELLA XXXX SUSAN ARBOGAST

## 3. (b) Social Security Number

- - - - -

4. Sex FEMALE  
 5. Color or race White  
 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife Peter C. Arbogast  
 6.(c) If alive, give age 59 years  
 7. Birth date of deceased (mo., day, yr.) August 2, 1885  
 8. AGE: Years 63 Months 2 Days 29 If less than one day  
 hrs. min.  
 9. Birthplace Jordan Run, Grant, W. Va.  
 (Town, county, and state)  
 10. Usual occupation House wife  
 11. Industry or business own home

MOTHER FATHER

12. Name William Turner  
 13. Birthplace Grant Co, W. Va.  
 14. Maiden name Sally Jordan  
 15. Birthplace Grant Co, W. Va.

16. Informant Willard Arbogast  
 Address Bloomington, Maryland  
 17. Burial Date thereof Nov. 3, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Berg Cemetery  
 Location Jordan Run, W. Va.  
 18. Funeral director Ellsworth S. Boal  
 Address Westernport., Maryland  
 19. Nov-3 19 48  
 (Date rec'd by registrar) Registrar Dorsey Patterson

## MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 19 48 at 2:45 P  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
10-1 19 48 to 10-31 19 48  
 and that I last saw her alive on 10-31 19 48

## Immediate cause of death

Hodgkins Disease

## DURATION

7 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James S. W. Hester, Jr. M.D.  
 Address Piedmont W. Va. Date signed 10-31-48

RECEIVED  
NOV 4 1949  
BUREAU A. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10512

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

## 1. PLACE OF DEATH:

County Garnett  
 City or town Friendsville, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garnett  
 City or town Friendsville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Mrs Effie C. Chisholm

## 3. (b) Social Security Number

## 4. Sex

F.

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1948, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept. 26 1948 to Oct. 1, 1948  
 and that I last saw her alive on Sept. 29, 1948 1948

Immediate cause of death  
Cancer of Stomach

DURATION  
 ?

Due to. --

Due to.

Other conditions Aneurysm of Aorta  
Arteriosclerosis  
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

St. J. Sloan, M.D.

M. D. or other

Friendsville, Md. 10-2-48  
 Date signed

MOTHER FATHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17. Burial

(Burial, ~~cremation~~ or other) Which?Date thereof Oct. 3, 48  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19. October 3

(Date rec'd by registrar)

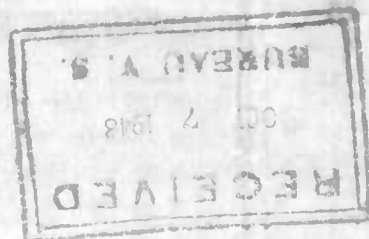
1948Mrs. Kathryn Pike

Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for Change of  
age is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10513

166

FILM NO. G 11, OCT 25 1948-B. CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Garrett  
City or town Oakland, Md. Route 1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war .....

## 3. (a) FULL NAME

David Sheridan Custer.

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widower

6. (b) Name of husband or wife Minnie May Custer.

Deceased

B. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 3d, 1861.

8. AGE: Years Months Days If less than one day  
86 87 10 7 ..... hrs. .... min.

9. Birthplace Hoyes, Maryland.  
(Town, county, and state)

10. Usual occupation Retired Merchant.

11. Industry or business

12. Name Emanuel Custer.

13. Birthplace Garrett County, Md.

14. Maiden name Rebecca Friend.

15. Birthplace Garrett County, Md.

16. Informant Mrs. Joseph Stanton,

Address Oakland, Maryland.

17. Burial Date thereof Oct. 13/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blooming Rose.

Location Friendsville, Md.

18. Funeral director Emory D. Bolden,

Address Oakland, Md.

19. Oct 31 19 48 Julia A. Rawan  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH October 10th 19 48 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19 48 to Oct. 10 19 48  
and that I last saw him alive on 10 Oct 48 19 48

Immediate cause of death Atherosclerosis DURATION 10 yrs.

Due to Myocardial failure

Due to Pneumonia 1 1/2 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....

Autopsy results .....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ..... Date of .....  
Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....  
Means of injury ..... Injured at work?

23. SIGNATURE A. S. Francis M. D. or other

Address Oakland, Md. Date signed 12 Oct 48

RECEIVED

OCT 19 1948

BUREAU V. S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10514

Reg. Dist. No. 162

### 1. PLACE OF DEATH:

County Garret

City or town Accident  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

Main St. Accident

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garret

City or town Accident  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Main St.  
(If rural, give LOCATION)

2. (a) 11 veteran, name war

### 3. (a) FULL NAME

Margaret Caroline Englehart

### 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white single

6. (b) Name of husband or wife

6. (c) 11 alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1868

8. AGE: Years 80 Months 2 Days 2 If less than one day hrs. min.

9. Birthplace Accident, Garret Co. Md.  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name George Frederick Englehart

13. Birthplace Germany

14. Maiden name Susanna Diehl

15. Birthplace Johnstown, Pa.

16. Informant Matilda Englehart (sister)

Address Accident, Md.

17. Burial Date of death Oct 31, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Accident Cemetery

Location Accident, Md.

18. Funeral director M. C. Cichon

Address Lanacoring, Md.

19. Oct 31, 1948 Ethel Broadwater  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 29 Oct 48 19 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death Acute heart failure?

Other conditions Senility

General debility  
(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas O. Lushy M.D.

Address Oakland, Md.

Date signed 27 Oct 48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Rural Oakland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 daysHospital, institution, or street address where death occurred:  
Home of Kermit KopeHow long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Fayette

City or town Searight  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. -----  
 (If rural, give LOCATION)

2.(a) If veteran, name war ----- ✓

## 3. (a) FULL NAME

Irene Lucetta Kope

## 3. (b) Social Security Number

-----

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife -----8. (c) If alive, give age ----- years7. Birth date of deceased (mo., day, yr.) July 5, 1948

## 8. AGE:

Years ---Months 3Days 16

It less than one day

----- hrs. ----- min.9. Birthplace Uniontown, Pa.

(Town, county, and state)

10. Usual occupation -----11. Industry or business -----12. Name Victor Kope13. Birthplace Phillips, Pa.14. Maiden name Irene Triplett15. Birthplace Elkins, W. Va.16. Informant Victor KopeAddress Searight, Pa.BurialOct. 23, 194817. (Burial, cremation, or removal, which?) Date thereof Paradise Church CemeteryCemetery or crematory 4 Mi. No. Deer Park, Md.Location Herbert C. Leighton18. Funeral director Oakland, Md.Address 10/23/4819. (Date rec'd by registrar) 19 48Registrar Julius A. Rowan

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1948 8:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19Immediate cause of death: Asfixiation  
Was found dead

DURATION

Due to -----Due to -----Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----Date of op. -----Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----Where did injury occur? ----- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -----Means of injury -----Injured at work? -----23. SIGNATURE Dr. Edw. J. Collins

M. D. or other

Address Oakland, MarylandDate signed 8-23-48

Dr out of Town for a few days



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10516

132

167

## 1. PLACE OF DEATH:

County GarrettCity or town Rural Gorman  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 85 yrs.Hospital, institution, or street address where death occurred:  
-----

How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County GarrettCity or town Rural Gorman  
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Mi. West Gorman(If rural, give LOCATION)  
-----

2.(a) If veteran, name war -----

## 3. (a) FULL NAME

David F. Liller

## 3. (b) Social Security Number

-----

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Hattie A. Liller

6. (c) If alive, give age ----- years

## 7. Birth date of

deceased (mo., day, yr.) December 30, 1862

## 8. AGE:

Years

Months

Days

If less than one day

85912

hrs.

min.

9. Birthplace Garrett Co., Maryland.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Own Farm

MOTHER FATHER

## 12. Name

James F. Liller

## 13. Birthplace

Hampshire Co., W. Va.

## 14. Maiden name

Catherine Fike

## 15. Birthplace

Preston Co., W. Va.

## 16. Informant

Henry Kitzmiller

## Address

R. D. Gorman, W. Va.

## 17. Burial

Date thereof Oct. 16, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

## Cemetery or crematory

Eglon Cemetery

## Location

Preston Co., W. Va.

## 18. Funeral director

Herbert C. Reighton

## Address

Oakland, Maryland.

## 19.

10/15  
(Date rec'd by registrar)1948Elmer C. Shaffer  
Registrar

## 23. SIGNATURE

Herbert C. Reighton  
Address Oakland Md. Date signed 11-14-48

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 3<sup>rd</sup> 1948 to October 12<sup>th</sup> 1948and that I last saw him alive on October 12<sup>th</sup> 1948Immediate cause of death Nephritis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -----

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? -----  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury -----

Injured at work?

RECEIVED

OCT 19 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH

105176  
83a  
16  
Reg. Dist. No.

1. PLACE OF DEATH:  
County Garrett  
City or town Swanton, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 Years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Swanton, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME Mrs. Clara Idella Rhodes.  
3. (b) Social Security Number None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow  
6.(b) Name of husband or wife Thomas Rhodes.  
Deceased 6.(c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) August 13th, 1872  
8. AGE: Years 76 Months 2 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Tunnelton, W. Va.  
(Town, county, and state)  
10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
12. Name Isaac Shaffer.  
13. Birthplace West Virginia.  
14. Maiden name Lucinda Shaffer.  
15. Birthplace West Virginia.

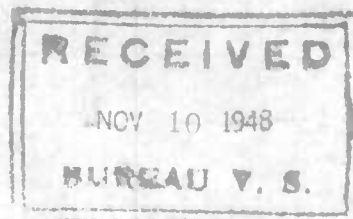
16. Informant Mrs. A. D. Shaffer.  
Address Swanton, Md.  
17. Burial Date thereof Nov. 1/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory George Cemetery.  
Location Near Swanton, Md.

18. Funeral director Emory D. Bolden  
Address Swanton, Md.  
19. 1/15/48 48 Julia A. Nowan  
(Date rec'd by registrar) (year) (month) (day) Registrar

MEDICAL CERTIFICATION P.M.  
20. DATE OF DEATH October 29th 1948 at 8:15 M  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 48 to Oct 29 48  
and that I last saw him alive on Oct 29 1948  
Immediate cause of death Cerebral thrombosis  
with right sided paralysis  
DURATION \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings of operations \_\_\_\_\_  
Date of op. \_\_\_\_\_  
Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_  
23. SIGNATURE Ralph Colanella M.D. or other \_\_\_\_\_  
Address Hagerstown, Md. Date signed Nov 5-48

*Mr. J. Edgar Hoover  
J. Edgar Hoover  
is out for signature*





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10518

166

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Garrett  
City or town Oakland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1-day

Hospital, institution, or street address where death occurred:

Railroad crossing in Oakland, Md.

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Deer Park Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war. ....

## 3. (a) FULL NAME

Delpha Herbert Rodeheaver

## 3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Alveda Sylvester Rodeheaver

7. Birth date of deceased (mo., day, yr.) August, 14, 1894  
8. (c) If alive, give age 48 years

8. AGE: Year 54 Month 2 Day 2 If less than one day  
..... hr. .... min.

9. Birthplace Mt. Lake Park Garrett Co. Md.  
(Town, county, and state)

10. Usual occupation Conductor11. Industry or business B.&O. Railroad Co.

12. Name William Frances Rodeheaver  
13. Birthplace Maryland

14. Maiden name Sarah Almeda Lipscomb  
15. Birthplace Bethlehem, Garrett Co. Md.

16. Informant Harry R. Rodeheaver  
Address Deer Park Md.

17. Burial Date thereof Oct. 22, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory McRobie Cemetery

Location Eagle Rock, Garrett Co. Md.

18. Funeral director Otha F. Sharpless

Address Blaine, W. VA.

19. Oct-10- 19 48 Julia A. Rowan.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 1948 at 4:00 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death 19.....

and that I last saw him alive on 19.....

Immediate cause of death aspiration pneumonia

crushed toes

Due to Struck by train

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/20/48

Where did injury occur? Oakland Garrett Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Struck by locomotive Injured at work? Yes

23. SIGNATURE Ed Sammarthner M.D. M. D. or other

Address Oakland Md Date signed 10/20/48



Mr. Shaples  
this family history  
this body is the worst  
mangled but I have seen  
I understand he has been  
married twice before now is completed.  
costed engineer must be an engine  
part of land



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10519

Reg. Dist. No. 162

1. PLACE OF DEATH: Garett

County.....

City or town Rural Grantsville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md..... County..... GarettCity or town Rural Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

James Andrew Schaefer

## 3. (b) Social Security Number

215-05-7176

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

MWMarried6.(b) Name of husband or wife Minty Schaefer6.(c) If alive, give age..... 50..... years7. Birth date of deceased (mo., day, yr.) September 18- 18988. AGE: Years..... 50..... Months..... I..... Days..... 9..... If less than one day..... hrs. .... min.9. Birthplace..... Lonaconing Aleygany Co Md  
(Town, county, and state)10. Usual occupation..... Coal Miner

11. Industry or business.....

12. Name..... Henry Schaefer13. Birthplace..... Germany14. Maiden name..... Christena Lineseter15. Birthplace..... Lonaconing Md16. Informant..... Mark SchaeferAddress..... Grantsville Md17. Burial..... Date thereof 10-30-1948  
(Burial, cremation, or removal. Which?)..... (month) (day) (year)Cemetery or crematory..... GrantsvilleLocation..... Grantsville Md18. Funeral director..... Wm. WinterbergAddress..... Grantsville Md19. Oct 30..... 19 48..... Ethel Broadwater  
(Date rec'd by registrar)..... Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 27..... 19 48..... at 8.30 p. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 1..... 19 48..... to Oct 27..... 19 48..... and that I last saw him alive on Oct 26..... 19 48.....Immediate cause of death..... Coronary occlusion

## DURATION

Due to.....

Due to.....

Other conditions..... Duodenal ulcer

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... H. R. Davis M.D...... M. D. or otherAddress..... Grantsville Md..... Date signed Oct 29.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH Dr B. E. Berry 10520  
2411 N. Charles St., Baltimore  
CERTIFICATE OF DEATH 50  
Reg. Dist. No. 163

## 1. PLACE OF DEATH:

County Garrett  
City or town Bloomington  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
6 miles west of Bloomington  
How long in hospital or institution? - - - - -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County XXXXXXXXX Garrett  
City or town Bloomington - rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 6 miles west of Bloomington  
(If rural, give LOCATION)  
2.(a) If veteran, name war - - - - -

## 3. (a) FULL NAME

VILMA MARTHA TAYLOR

## 3. (b) Social Security Number

- - - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
6. (b) Name of husband or wife Alvie Taylor  
6. (c) If alive, give age 43 years  
7. Birth date of deceased (mo., day, yr.) July 27, 1907  
8. AGE: Years 41 Months 2 Days 6 If less than one day  
.....hrs. ....min.

9. Birthplace Bloomington, Garret, Maryland  
(Town, county, and state)  
10. Usual occupation House wife  
11. Industry or business own home  
FATHER 12. Name William C. Tichnell  
13. Birthplace Maryland  
MOTHER 14. Maiden name Ellen J. Paugh  
15. Birthplace Maryland

16. Informant Alvie Taylor  
Address Bloomington  
17. Burial Date thereof Oct 6, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Tichnell Cemetery  
Location 6 miles west of Bloomington  
18. Funeral director Ellsworth S. Boal  
Address Westernport, Maryland  
19. Oct 6, 1948 Dorsey Talson  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1948 at 10:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
July 3, 1947 to October 3, 1948  
and that I last saw him alive on October 3, 1948

Immediate cause of death  
Carcinoma of breast  
Due to  
Due to  
Other conditions prolonged metastasis  
(Include pregnancy within 3 months of death)  
Major findings of operations  
Date of op.  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE B. E. Berry, Jr. W. M. D. or other  
Address 122 Ashfield Piedmont Date signed Oct 5-1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 months  
 Hospital, institution, or street address where death occurred:  
Third Street  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland. County Garrett  
Rural Oakland  
 City or town (If outside city or town limits, write RURAL and give nearest town)  
8 Mi. S W Oakland  
 Street No. ....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Christian B. Zook

## 3. (b) Social Security Number

-- -- --

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Lovine Brenneman Zook  
 6. (c) If alive, give age 64 years  
 7. Birth date of deceased (mo., day, yr.) January 6, 1873  
 8. AGE: Years 75 Months 9 Days 14 if less than one day  
 hrs. min.  
 9. Birthplace Mifflin Co., Pa.  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business Own Farm  
 12. Name Abraham Zook  
 13. Birthplace Mifflin Co., Pa.  
 14. Maiden name Fannie Byler  
 15. Birthplace Mifflin Co., Pa.  
 16. Informant Noah Zook  
 Address Oakland, Md.

17. Burial Burial Date thereof Oct. 23, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Slabaugh Cemetery  
 Location 1 Mi. So. Gortner; Garrett Co.  
 18. Funeral director Herbert C. Reighton  
 Address Oakland, Maryland.  
 19. 10723/ 19 48 Julius O. Rowan  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 19 48 at 4:45 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
26 Aug 19 48 to 20 Oct 19 48  
 and that I last saw him alive on 20 Oct 19 48  
 Immediate cause of death  
Arterio-sclerotic cardio-  
vascular Disease  
(Heart failure)  
 DURATION  
 ?  
 ?  
 Due to .....  
 Due to .....  
 Other conditions .....  
 (Include pregnancy within 3 months of death)  
 Major findings of operations none  
 Autopsy results none  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury Injured at work?  
 23. SIGNATURE Thomas J. Quady M.D.  
 Address Oakland, Md. M. D. or other  
 Date signed 20 Oct 48

Mr Lughton.

Please obtain family History  
I do not know of this families

